

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0130-DC-2004-117		OMB Approval No. 0348-0038		Page of 1 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) The Four Dam Pool Power Agency 1301 Huffman Road Suite 201 Anchorage, Alaska 99511-0987							
4. Employer Identification Number 92-0174669		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 5/1/2004		To: (Month, Day, Year) 12/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007		To: (Month, Day, Year) 12/31/2007	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				59,731,479.02	502,616.59	60,234,095.61	
b. Recipient share of outlays				55,546,661.46	167,653.37	55,714,314.83	
c. Federal share of outlays				4,184,816.76	334,963.22	4,519,779.98	
d. Total unliquidated obligations						2,075,942.00	
e. Recipient share of unliquidated obligations						2,075,942.00	
f. Federal share of unliquidated obligations						0.00	
g. Total Federal share(Sum of lines c and f)						4,519,779.98	
h. Total Federal funds authorized for this funding period						4,974,400.00	
i. Unobligated balance of Federal funds(Line h minus line g)						454,620.02	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Dave Carlson CEO					Telephone (Area code, number and extension) 907-258-2281		
Signature of Authorized Certifying Official 					Date Report Submitted January 31, 2008		

ACCEPTED